



GEORGIA MEDICAID FEE-FOR-SERVICE ATYPICAL ANTIPSYCHOTICS PA SUMMARY

Preferred	Non-Preferred
Oral	
Aripiprazole tablets generic Clozapine tablets generic Latuda (lurasidone) Olanzapine generic Risperidone generic Quetiapine IR and ER generic Ziprasidone generic	Abilify MyCite (aripiprazole tablets with sensor) Aripiprazole ODT generic Aripiprazole oral solution generic Asenapine sublingual tablets generic Caplyta (lumateperone) Clozapine ODT generic Fanapt (iloperidone) Nuplazid (pimavanserin) Olanzapine/fluoxetine generic Paliperidone generic Rexulti (brexpiprazole) Secuado (asenapine transdermal patch) Versacloz (clozapine oral suspension) Vraylar (cariprazine)
Injectable	
Abilify Maintena (aripiprazole long-acting injection)* Aristada/Aristada Initio (aripiprazole lauroxil long-acting injection)* Geodon (ziprasidone short-acting injection) Invega Sustenna (paliperidone long-acting injection)* Invega Trinza (paliperidone long-acting injection)* Risperdal Consta (risperidone long-acting injection)* Zyprexa Relprevv (olanzapine long-acting injection)*	Olanzapine short-acting injection generic Zyprexa injection (olanzapine short-acting injection)^

*Preferred injectable agents that require PA. ^Non-preferred but does not require PA. IR=immediate-release, ER=extended-release, ODT=orally disintegrating tablets

LENGTH OF AUTHORIZATION: 6 months to 1 year

NOTES:

- Prior authorization (PA) is not required for the following preferred generic products (aripiprazole, clozapine, olanzapine, quetiapine IR and ER, risperidone and ziprasidone) or clozapine ODT generic for members that are within FDA-approved ages. For members aged 5 years or older taking risperidone generic for pervasive developmental disorders (PDD)/autism or irritability associated with autism/PDD, PA is not required if the applicable ICD-10 code is provided on the prescription for the pharmacy to enter at the point-of-sale. For members aged 6



years or older taking aripiprazole tablets generic for PDD/autism or irritability associated with autism/PDD, PA is not required if the applicable ICD-10 code is provided on the prescription for the pharmacy to enter at the point-of-sale.

- Prior authorization is not required for brand short-acting injections (Geodon, Zyprexa).
- For all members younger than FDA-approved ages, PA must be requested by completing the Atypical Antipsychotic Prior Authorization Request Form and **faxing to OptumRx at 888-491-9742**. Letter of medical necessity information should include diagnosis, medical and medication history, improvement in symptoms while on medication, monitoring plan and any other information or documentation supporting the use of the medication.
- The Atypical Antipsychotic PA Request Form is located at <http://dch.georgia.gov/prior-authorization-process-and-criteria>.
- For products requiring PA, an extension of therapy may be requested for members that have been on therapy and are being tapered off of medication for discontinuation, for members that have been on therapy and whose PA is under review for age appropriateness, and for members that have been on therapy and are being referred to a psychiatrist and are awaiting an appointment.
- Physicians discharging a member from an inpatient facility stable that has responded to a non-preferred agent should request PA as part of the patient's discharge plan.
- **The criteria details below are for the outpatient pharmacy program.** If a medication is being administered in a physician's office or clinic, then the medication must be billed through the DCH physician services program and not the outpatient pharmacy program. Information regarding the physician services program is located at www.mmis.georgia.gov.

PA CRITERIA:

Oral Agents

Aripiprazole Tablets Generic, Clozapine Generic, FazaClo, Olanzapine Generic, Risperidone Generic, Quetiapine IR Generic, Quetiapine ER Generic and Ziprasidone Generic

- ❖ Prior authorization for members within FDA-approved ages is not required.
- ❖ Prior authorization for members outside of FDA-approved ages requires the Atypical Antipsychotic Prior Authorization Form to be completed.

Abilify MyCite

- ❖ For members 18 years of age or older, must have been noncompliant after a trial of aripiprazole tablets and must not be a candidate for long-acting depot intramuscular administration of medication or must have experienced an inadequate response or intolerable side effect with a long-acting injectable atypical antipsychotic.

Aripiprazole ODT Generic and Aripiprazole Oral Solution Generic

- ❖ The tablet oral dosage formulation should be used. Exceptions may be made for the following reasons: member has difficulty swallowing solid oral dosage forms, needs monitoring by caregiver to ensure compliance or requires dose that cannot be obtained with aripiprazole tablets (for aripiprazole oral solution only)

AND

- ❖ For members 10-12 years of age with a diagnosis of mixed or manic episodes associated with bipolar disorder or members 6-17 years of age with a diagnosis of irritability associated with



autism or pervasive developmental disorder (PDD), must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with risperidone ODT or risperidone oral solution.

- ❖ For members 13 years of age or older with a diagnosis of mixed or manic episodes associated with bipolar disorder or schizophrenia/schizoaffective disorder, must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with risperidone ODT, risperidone oral solution or olanzapine ODT.
- ❖ For members 18 years of age or older with a diagnosis of adjunctive therapy for major depressive disorder (MDD), must have had an inadequate response to at least 3 antidepressants (one of which must be a selective serotonin reuptake inhibitor [SSRI]) and must use concurrently with an antidepressant.
- ❖ Approvable for members 6 to 18 years of age with a diagnosis of moderate to severe Tourette's disorder resulting in impaired quality of life.

Caplyta

- ❖ For members 18 years of age or older with a diagnosis of schizophrenia or schizoaffective disorder, must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 4 of the following preferred generic atypical antipsychotics (aripiprazole, olanzapine, quetiapine IR/ER, risperidone, ziprasidone) as well as Latuda, Rexulti and Vraylar.

Fanapt

- ❖ For members 18 years of age or older with a diagnosis of schizophrenia or schizoaffective disorder, must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 4 of the following preferred generic atypical antipsychotics (aripiprazole, olanzapine, quetiapine IR/ER, risperidone, ziprasidone) as well as Latuda.

Latuda

- ❖ For members 13-17 years of age with a diagnosis of schizophrenia or schizoaffective disorder, must have experienced ineffectiveness with at least one of the following preferred generic atypical antipsychotics (aripiprazole, olanzapine, quetiapine IR/ER, risperidone).
- ❖ For members 18 years of age or older with a diagnosis of schizophrenia or schizoaffective disorder, must have experienced ineffectiveness with at least one of the following preferred generic atypical antipsychotics (aripiprazole, olanzapine, quetiapine IR/ER, risperidone, ziprasidone).
- ❖ For members 10-17 year of age with a diagnosis of depressive episodes associated with bipolar disorder (bipolar depression), must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with olanzapine taken with fluoxetine.
- ❖ For members 18 years of age or older with a diagnosis of depressive episodes associated with bipolar disorder, must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with quetiapine IR/ER or olanzapine taken with fluoxetine.

Nuplazid

- ❖ For members 40 years of age or older with diagnosis of hallucinations and/or delusions associated with Parkinson's disease psychosis, prescriber must first attempt to adjust



member's antiparkinson medication in order to reduce psychosis without worsening motor symptoms.

- ❖ Must be prescribed by or in consultation with a geriatrician, neurologist or psychiatrist

Olanzapine/Fluoxetine Generic

- ❖ For members 10 years of age or older with a diagnosis of depressive episodes associated with bipolar disorder (bipolar depression), an atypical antipsychotic and an antidepressant should be used as two separate products.
- ❖ For members 18 years of age or older with a diagnosis of treatment-resistant MDD, must have had an inadequate response to at least 3 antidepressants (one of which must be an SSRI).

Paliperidone Generic

- ❖ For members 18 years of age or older with a diagnosis of schizophrenia or schizoaffective disorder, must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 4 of the following preferred generic atypical antipsychotics (aripiprazole olanzapine, quetiapine IR/ER, risperidone, ziprasidone) as well as Latuda.
- ❖ For members 12-17 years of age with a diagnosis of schizophrenia or schizoaffective disorder, must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 3 of the following preferred generic atypical antipsychotics (aripiprazole, olanzapine, quetiapine IR/ER, risperidone) as well as Latuda.

Rexulti

- ❖ For members 18 years of age or older with a diagnosis of schizophrenia or schizoaffective disorder, must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 4 of the following preferred generic atypical antipsychotics (aripiprazole olanzapine, quetiapine IR/ER, risperidone, ziprasidone) as well as with Latuda.
- ❖ For members 18 years of age or older with a diagnosis of adjunctive therapy for MDD, must have had an inadequate response to at least 3 antidepressants (one of which must be an SSRI) as well as experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with aripiprazole and quetiapine ER and must use concurrently with an antidepressant.

Asenapine Sublingual Tablets Generic

- ❖ For members 18 years of age or older with a diagnosis of mixed or manic episodes associated with bipolar disorder or schizophrenia/schizoaffective disorder who have difficulty swallowing solid oral dosage forms or need monitoring by caregiver to ensure compliance, must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with risperidone ODT or olanzapine ODT.
- ❖ For members 18 years of age or older with a diagnosis of mixed or manic episodes associated with bipolar disorder or schizophrenia/schizoaffective disorder who are able to swallow solid oral dosage forms, must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 4 of the following preferred generic atypical antipsychotics (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) as well as Latuda (for schizophrenia/schizoaffective disorder only).



- ❖ For members 10-17 years of age with a diagnosis of mixed or manic episodes associated with bipolar disorder who have difficulty swallowing solid oral dosage forms or need monitoring by caregiver to ensure compliance, must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with risperidone ODT or olanzapine ODT.
- ❖ For members 10-17 years of age with a diagnosis of mixed or manic episodes associated with bipolar disorder who are able to swallow solid oral dosage forms, must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 3 of the following preferred generic atypical antipsychotics (aripiprazole, risperidone, quetiapine, olanzapine [if member is 13 years of age or older]).

Secuado

- ❖ For members 18 years of age or older with a diagnosis of schizophrenia/schizoaffective disorder who have difficulty swallowing solid oral dosage forms or need monitoring by caregiver to ensure compliance, must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with risperidone ODT or olanzapine ODT.
- ❖ For members 18 years of age or older with a diagnosis of schizophrenia/schizoaffective disorder who are able to swallow solid oral dosage forms, must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 4 of the following preferred generic atypical antipsychotics (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) as well as Latuda.

Versacloz

- ❖ For members 18 years of age or older with a diagnosis of suicidal behavior associated with schizophrenia/schizoaffective disorder or treatment-resistant (refractory) schizophrenia/schizoaffective disorder, approvable if administered in a nasogastric (NG) or gastric tube.

Vraylar

- ❖ For members 18 years of age or older with a diagnosis of mixed or manic episodes associated with bipolar disorder or schizophrenia/schizoaffective disorder, must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 4 of the following preferred generic atypical antipsychotics (aripiprazole, olanzapine, quetiapine IR/ER, risperidone, ziprasidone) as well Latuda (for schizophrenia/schizoaffective disorder only).
- ❖ For members 18 years of age or older with a diagnosis of depressive episodes associated with bipolar disorder, must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with olanzapine taken with fluoxetine, quetiapine and Latuda.

Injectable Agents:

Abilify Maintena

- ❖ Member must be 18 years of age or older, have a diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder and be under treatment by or in consultation with a psychiatrist as well as member has already been started and stabilized on the medication.



Aristada and Aristada Initio

- ❖ Member must be 18 years of age or older, have a diagnosis of schizophrenia or schizoaffective disorder and be under treatment by or in consultation with a psychiatrist as well as member has already been started and stabilized on the medication.
- ❖ In addition, Aristada Initio is only approvable for members initiating or re-initiating Aristada.

Invega Sustenna

- ❖ Members must be 18 years of age or older, have a diagnosis of schizophrenia or schizoaffective disorder and be under treatment by or in consultation with a psychiatrist as well as member has already been started and stabilized on this medication.

Invega Trinza

- ❖ Members must be 18 years of age or older, have a diagnosis of schizophrenia or schizoaffective disorder and be under treatment by or in consultation with a psychiatrist. In addition, member must have been established on Invega Sustenna for at least 4 months.

Risperdal Consta

- ❖ Members must be 18 years of age or older, have a diagnosis of bipolar disorder or schizophrenia/schizoaffective disorder and be under treatment by or in consultation with a psychiatrist as well as member has already been started and stabilized on this medication.

Zyprexa Relprevv

- ❖ Member must be 18 years of age or older, have a diagnosis of schizophrenia or schizoaffective disorder and be under treatment by or in consultation with a psychiatrist as well as member has already been started and stabilized on this medication.
- ❖ Must be administered in a Risk Evaluation and Mitigation Strategies (REMS)-certified outpatient facility.

Olanzapine Short-Acting Injection Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons brand Zyprexa short-acting injection is not appropriate for the member.

QLL CRITERIA:

- ♦ *For Clozapine, Clozapine ODT, FazaClo, Olanzapine, Quetiapine IR, Rexulti, Risperidone, and Ziprasidone:* An authorization to exceed the QLL may be granted if the member's dose is being titrated due to initiation of therapy. The physician should submit faxed documentation of the proposed titration schedule.
- ♦ Additionally, for *olanzapine 20mg*, an authorization to exceed the QLL may be granted if physician submits faxed documentation of evidence of refractory schizophrenia/schizoaffective disorder and evidence that the member is being monitored for increases in weight, blood glucose, and lipid panel.
- ♦ For *low-dose quetiapine IR* (25mg at doses of 1 or 2 tablets per day or 50mg at dose of 1 tablet per day), the physician must submit a written letter of medical necessity. The member must also not be using another strength of quetiapine IR, an antidepressant, or an antipsychotic.



EXCEPTIONS:

- Physicians can request approval for members which have been started and stabilized on a non-preferred product for a reasonable period of time prior to becoming Medicaid eligible or during hospitalization. It should be noted that use of samples does not constitute stabilization.
- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process for members within FDA-approved ages may be initiated by **calling OptumRx at 1-866-525-5827**.
- The Prior Authorization process for members younger than FDA-approved ages must be initiated by completing the Atypical Antipsychotic Prior Authorization Request Form and **faxing to OptumRx at 1-888-491-9742**. The Atypical Antipsychotic Prior Authorization Request Form can be found at <http://dch.georgia.gov/pharmacy> > Prior Authorization Process and Criteria or directly at <http://dch.georgia.gov/prior-authorization-process-and-criteria>.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.